

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/597496

(7/27/2006)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10		0		4		
11		0		4		
12		0		4		
13		0		4		
14		0		4		
15		0		4		
16		0		4		
17	1		1			
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22	1		1			
23		1		1		
24	1		1			
25		1		1		
26		4		2		
27		0		4		
28		0		4		
29	1		1			
30	1		1			
31		1		1		
32	1		1			
33	1		1			
34		1		1		
35		2		2		
36	1		1			
37		1		1		
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43		1		1		
44	1		1			
45	1		1			
46		1		1		
47		2		2		
48	1		1			
49		1		1		
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
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100						
			25			
			58			
			83			